



Payment for Implantable Tissue Markers (Healthcare Common Procedure Coding System (HCPCS) Code A4648) and Implantable Radiation Dosimeters (HCPCS Code A4650) – JA6968

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Date Job Aid Revised: August 23, 2010

Effective Date: November 6, 2010

Implementation Date: November 6, 2010

Key Words MM6968, CR6968, R745OTN, Implantable, Tissue, Markers, A4648, Radiation, Dosimeters, A4650

Contractors Affected Medicare Carriers
Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Physicians who bill Medicare carriers or A/B MAC for providing services for implantable tissue markers or implantable radiation dosimeters to Medicare beneficiaries



- CR6968 clarifies that HCPCS codes A4648 and A4650 are separately billable and payable for **physicians** when used with Current Procedural Terminology (CPT) codes 19499, 32553, 49411, and 55876.
 - CR6968 makes no changes in current payment policies for HCPCS code A4648 or HCPCS code A4650 for inpatient or outpatient hospital services, or to ambulatory surgical centers (ASCs).
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Provider Needs to Know...	<ul style="list-style-type: none"> • HCPCS codes for implantable tissue markers (HCPCS A4648 – Tissue marker, implantable, any type, each) and for implantable radiation dosimeters (HCPCS code A4650 -- Implantable radiation dosimeter each) are separately billable and payable when billed by physicians and when used with one of the following CPT codes: <ul style="list-style-type: none"> • 19499 (unlisted procedure, breast); • 32553 (placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous intra-thoracic, single or multiple); • 49411 (placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple); and • 55876 (single or multiple (the placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter)), prostate (via needle, any approach)) on a claim for physician services. • Effective for dates of service on or after November 6, 2010, Medicare Carriers or A/B MACs will pay physicians for these HCPCS codes when the implantable tissue markers or implantable radiation dosimeters are used in conjunction with one of these four CPT codes. They will deny payment if one of the above CPT codes is not paid on the same claim (or in history) with the same date of service. • When denying a claim for these codes if the qualifying service is not reported on the same date of service, they will use Claim Adjustment Reason Code B15 (<i>This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.</i>).
Background	<ul style="list-style-type: none"> • Under the Medicare hospital outpatient prospective payment system (OPPS) and the ASC payment system, carriers and A/B MACS do not pay hospitals or ASCs separately for HCPCS codes A4648 (Tissue marker, implantable, any type, each) or A4650 (Implantable radiation dosimeter each). Payment for these codes is packaged into the payment for the service in which they are used. • Similarly, under the Medicare inpatient PPS (IPPS), payment for these services is bundled into the MS-DRG payment. • Hospitals that are not paid under the OPPS or IPPS are paid for HCPCS code A4648 and HCPCS code A4650 under a variety of other payment mechanisms.
Operational Impact	N/A

**Reference
Materials**

The related MLN Matters® article can be found at
<http://www.cms.gov/MLN MattersArticles/downloads/MM6968.pdf> on the CMS website.

The official instruction (CR6968) issued regarding this change may be viewed at
<http://www.cms.gov/Transmittals/downloads/R7450TN.pdf> on the CMS website.
